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## TRANSMITTAL FORM

		Application Number	09/943,914
		Filing Date	August 31, 2001
		First Named Inventor	Donald Remboski et al.
		Group Art Unit	3661
		Examiner Name	Jacques H. Louis Jacques
Total Number of Pages in this Submission	13	Attorney Docket Number	IA00012

GROUP 360

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input checked="" type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<input checked="" type="checkbox"/> Affidavit Pursuant to 37 CFR 1.132
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

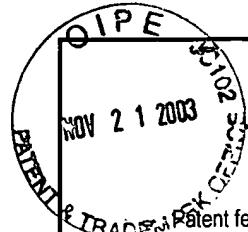
Firm or Individual	Kevin D. Wills	Registration No.	43,993
Signature			
Date	November 21, 2003		

### CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage thereon, as Express Mail, in an envelope addressed to:

Mail Stop RCE, Commissioner for Patents, Alexandria, VA 22313 on the date listed below: Express Label No. EV404274536US

Typed or printed name	V. Lynn Webb
Signature	
Date	November 21, 2003



**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

*Complete if Known*

**TOTAL AMOUNT OF PAYMENT** (\$ 770.00)

Application Number 09/943,914

Filing Date August 31, 2001

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First Named Inventor Donald Remboski et al.

Examiner Name J. H. Louis Jacques

Group Art Unit 3661

**GROUP 3600**

Attorney Docket No. IA00012

**METHOD OF PAYMENT**

**FEE CALCULATION (continued)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity Code	Fee (\$)	Small Entity Code	Fee (\$)	Fee Paid
101	770	201	370	Utility filing fee
106	340	206	165	Design filing fee
107	530	207	255	Plant filing fee
108	770	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) (\$ 0)

**2. EXTRA CLAIM FEES**

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="checkbox"/> - 20 = <input type="checkbox"/>	<input type="checkbox"/> X 18 = <input type="checkbox"/>	<input type="checkbox"/> X 86 = <input type="checkbox"/>	

Multiple Dependent  290 =

Large Entity Code	Fee (\$)	Small Entity Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	* Reissue independent claims over original patent

110 18 210 9 \*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

\*For Reissues, see above

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Kevin D. Wills	Registration No.	43,993	Telephone	602-952-4364
Signature	<i>Kevin D. Wills</i>	Date	November 21, 2003		